education, that will form the basis of National Action Plan for AIDS education in the school system. This policy would also be a part of National AIDS Prevention Programme and would be developed through a collaboration of Ministry of Education, Ministry of Health and Non-Governmental Organisations including teachers, parents and student organizations etc.

(c) National AIDS Control Organization, is activily collaborating with Ministry of Human Resource Development, N.C.E.R.T, and State Education Department to facilitate the incorporation of AIDS education components in the school curricula.

Underthe Department of Youth Affairs aid Sports, "University Talk AIDS Programm;" has been launched to cover the student youth in the University and Colleges. This programme is being implemented through the National Service Scheme.

In addition, a training manual has been prepared to train the peer educator; and University Talk AIDS Programmers in the colleges and +2, level.

(d) An amount of Rs. 152 55 lakhs has been kept earmarked during 1994-95 under University Talk AIDS Programme.

News regarding Thalassemia

1102. SHRI RAMDAS AGARWAL :
SHRI SHIV PRATAP MISHRA :

Will the Minister of HEALTH AMD FAMILY WELFARE be pleased to state :

(a)'whether Government's attention has been drawn to a news item published in the Hindustan Times dated the 4th February, 1994 captioned "India has 30 million thalassemia carriers" which is a genetically dele,—mined blood disorder that causes progressive anaemia among children;

(b) whether according to the World Health Organistion, out of 240 million people it is estimated that 30 minion are in India and about 10,000 thalassemic children are born every yeatar in India;

(c) if so, what preventive measures/reinedial steps Government have taken so far and what treatment in this regard is a ailable in this ountry; and

(d) what funds are likely to be allocated therefor during the year 1994-95 ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND) : (a) Yes, Sir.

(b) World Health Organisation has estimated that 4% of India population is carrier of Beta Thalassemia a traiat that can lead to Thalassemia Major if both parents are carriers.

(c) The Indian Council of Medical Research has identified research in Thalasserrns as One of the thrust areas. The Councils' Institute of Immunohaematology, Bombay, is offering second trimester prenatal diagnostic Services to individuals at risk. The Indian Council of Medical Research has also sanctioned on 1 -1 -19 94 an Advance Centres for Bone Marrow Transplanatation for thalassemia pattent at Christian Medical College, Vellore. The only treatment is repeated blood transfusion

(d) No separate provision has been proposed during 1994-95.

Child survival and Development

1103. SHRI RAMDAS AGARWAL : Will the Minister of HEALTH AND FAMILY WELFARE fee pleased 'to state :

(a) whether the Global Task Fore for Child Survival and Development held meeting recently in New Delhi, if so, What are the details of discussions held and outcome thereof;

(b) whether according to James P. Grant; D.G. of UNICEF, over two million childrenin India die every year due to malnutrition and whether the number of under five infants in our country in three times more than that in China as reported in Hindustan Time[8] dated the 9th February, 1994; and

(c) if so, what remedial steps Government have so far taken for better child care and funds allocated during 1994-95 as well as in the Eighth Plan period in this regard particularly in Rajasthan and Orissa States ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND) : (a) Maternal and New born Care, Reproductive health of adolescent and young people, Baby Friendly Hospital Approach ORT, Guinea Worm Eradication, Water

and Sanitation, Community health and Comunity participation, inter alia were discussed.

The meeting endorsed the Goals of Edu. cation for all by the year 2000. The meeting emphasised the need for political commitment to ensure that all concerned sectors develop a coordinated Plan of Action with appropriate budget allocations in respect of multi-secotral school based packages.

(b) Over two million children can be saved by simple therapies every year in India. According to the "State of Worlds Children 1994", the prevalence of moderate and severe malnutrition in children under 5 years in India was 63% as compared to 21% in China.

(c) The Child Survival and Safe Motherhood (CSSM) programme has a package of services for infants and children which includes:

(i) essential newborn care,

(ii) universal immunisation,

(iii) appropriate management of cases of diarrhoea and acute respiratory infections

(iv) Vitamin 'A' prophylaris.

The approved out lay of the programme in the 8th Plan period is Rs. 633.3 Crores. The likely allocation for the states of Rajasthan and Orissa for the year 1994-95 will be Rs. 945 lakhs and Rs. 623 lahks respectively.

सरकारी अस्पतालों में दवाओं की कमी

1104. चौधरी हरमोहन सिंह : क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या यह सच है कि सरकारी अस्पतालों में दवाओं की कमी है;

(ख) यदि हां, तो इसके क्या कारण हैं;

(ग) विगत तीन वर्षों के दौरान दिल्ली में केन्द्रीय सरकार के अस्पतालों द्वारा खरीदी गई दवाओं का अस्पताल-वार कुल मूल्य कितना है; और

(घ) विगत तीन वर्षों के दौरान इन अस्पतालों में स्वास्थ्य लाभ प्राप्त करने वाले रोगियों की अस्पताल-वार कुल संख्या कितनी-कितनी है ?

स्वास्थ्य और परिवार कल्याण मंत्री (श्री बी० शंकरानन्द): (क) जी, नहीं।

(ख) यह प्रश्न नहीं उठता।

(ग) और (घ) सूचना संलग्न विवरण में दी गई है।

विवरण

(लाखों रुपये में)

अस्पताल का नाम	दवाइयों की खरीद पर किया गया व्यय			उपचार किए गए कुल रोगी		
	1990-91	1991-92	1992-93	1990	1991	1992
1. सफदरगं अस्पतला	229 50	322 00.	497.00	11,51,133	15,09,843	15,15,052
2. डा. राममनोहर लोहिया अस्पताल	118.00	161.64	172.07	10,32,435	11,15,409	11,36,694
3. श्रीमति सुचेता कृपलानी अस्पताल	28.00	40.00	65.00	4,62,175	4,71,026	4,83,871
4. कलावती सरन बाल अस्पताल	24.48	42.36	58.71	2,38,322	2,62,197	2,67,234